

THE LONDON LETTER

MERIT AWARDS FOR FAMILY DOCTORS

One of the periodically debated issues in the National Health Service is the "under-the-counter" awards given to certain specialists for merit, i.e. special skill or effort or experience. One proposal from the government side to help raise the status of family doctors has been to allot similar awards to the more deserving among this branch of the profession. Now nobody likes refusing government money, but this is virtually what the G.P.'s have done, no doubt on the grounds that it is extremely difficult to say whether one family doctor is better than another. The B.M.A. organized a ballot among G.P.'s asking them the simple question: "Are you in favour of the principle of payments for special experience and service to general practice?" The results were declared in the *British Medical Journal* for April 19 and they show that the NO's have it over the YES's by 15,622 to 4502. It is a tribute to the altruism and generosity of the young that a higher proportion of assistants than principals voted "yes" to a proposal likely to benefit their seniors rather than themselves.

Though the result of the ballot is not legally binding on the governing body of the B.M.A., it is so striking that the representatives of the profession will find it difficult to accept the principle of merit awards in its present form. Someone will have to come up with a clearer formula for distributing the extra money, and one not involving distinctions between persons of equal rank.

TYRAMINE HEADACHE AND MIGRAINE

It is well known that a minority of migraine patients find that certain foods precipitate attacks, the commonest foods being chocolate, milk and milk products, alcohol and fish. Investigations of the relationship have produced conflicting results, but the association recognized in recent years between the headaches accompanying taking of MAO inhibitors and foodstuffs containing tyramine suggests a possible clue. This has been followed up at the migraine clinic of the Elizabeth Garrett Anderson Hospital in London, and an interesting preliminary report is given by Edda Hanington in the *British Medical Journal* for May 27.

She and her colleagues started by noting that the list of foods alleged in the literature to precipitate migraine is similar to the list of foods causing headache in patients on MAO inhibitors. There is a possibility that some migraine sufferers have a genetic enzyme deficiency, maybe of monoamine oxidase, and therefore a small trial was conducted on migraine patients to see if the headaches could be induced by tyramine. Of the 12 patients concerned four gave a definite history of attacks associated with diet, four no dietary history, and four a pos-

sible but vague dietary history. They were given capsules, some containing 100 mg. tyramine and some lactose, and told that the capsules might induce headache or not. The results are highly suggestive. All four of those with a dietary history, i.e. patients who were so sure that a certain food induced headache that they habitually excluded the offending food from their diet, had migraine after tyramine but not after placebo, whereas those without a dietary history had no headaches with either. Those with a doubtful history also had no headache with either, except for one patient who had an attack once after placebo.

The authors are following up the matter further, and think that administration of tyramine might prove a useful test in some migraine cases, and also that giving monoamine oxidase by mouth might protect susceptible patients. As to alcohol as a precipitant, maybe this facilitates absorption of tyramine.

INFERTILITY AND ADOPTION

We have all come across families in which a prolonged period of childlessness has led to adoption, and the latter has been swiftly followed by a conception. There are those who therefore feel that adoption is a cure for infertility, but are these instances due to the workings of chance or not? The literature has been divided on this point, but a recent study by Humphrey and MacKenzie (*Brit. J. Prev. Soc. Med.*, 21: 90, 1967) suggests that adoption is definitely not a cure for infertility.

They run an infertility clinic in Colchester, and this serves a population of about 300,000. One of the authors has been in charge since 1948 and therefore is in a good position to assess results. He sent postcards to 252 couples whose fertility had been in doubt and got replies from 216, at a median follow-up time of five years. Of these 59 had adopted a child, and the authors point out that this procedure is easy in Britain today in spite of popular opinions to the contrary. At least three-quarters of the would-be adopters got their child within a year of taking the first step. Only five of the series had had a child of their own after adoption. Out of the whole series some two-fifths had become fertile, and about one-third were still childless and had not adopted. The authors think that eventually about 50% of their clients at the clinic will produce a child. They make one more point, and that is that there is no evidence from their experience that a childless marriage is doomed to unhappiness.

PHOSPHATE FOR FRACTURES

In 1966 two physicians at Harvard demonstrated that the increased loss of calcium in urine and the